

UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE ACTION FORM

(Block 1) REQUESTOR STATUS	PTO USE ONLY
<input type="checkbox"/> Registered Attorney, Registration Number <input style="width: 150px;" type="text"/>	
<input type="checkbox"/> Independent (Pro se) Inventor	

(Block 2) REQUESTOR INFORMATION			
Given Name	Middle name	Family Name	
Street Address		APT	
City	State Code	Postal Code	Country Name
Telephone Number		Facsimile Number	Email Address
Customer Number	<input style="width: 150px;" type="text"/>	Additional Customer Numbers Attached <input type="checkbox"/>	

(Block 3) ACTION	
Certificate Application <input type="checkbox"/>	I request a Certificate be issued to me by the USPTO.
Certificate Revocation <input type="checkbox"/> I request that my Certificate be revoked.	Reason (Select One): <div style="display: flex; justify-content: space-between;"> <div> New Certificate <input type="checkbox"/> No Longer Needed <input type="checkbox"/> </div> <div> Issued Legal Name Change <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Key Compromise <input style="width: 50px;" type="text"/></div> <div>Date Last Known to be Un-compromised <input style="width: 150px;" type="text"/></div> </div>
Key Recovery: <input type="checkbox"/> I request that my encryption key be recovered.	Reason (Select One): <div style="display: flex; justify-content: space-between;"> <div> Forgotten or Lost Password <input type="checkbox"/> Entrust Profile Corrupted or Lost <input type="checkbox"/> </div> <div> Other <input style="width: 50px;" type="text"/> Describe <input style="width: 200px;" type="text"/> </div> </div>

(Block 4) SIGNATURE OF REQUESTOR	
<p>I have read and understand the Subscriber Agreement (Version 1, December 1999) and my signature on this document, by hand, is my agreement to abide by the agreement and the rules and policies of the USPTO regarding the agreement.</p> <p>I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).</p>	
_____ (Requestor signature required from block 1)	_____ Date (mm/dd/yyyy)

(Block 5) IDENTIFICATION FOR INDIVIDUAL INVENTOR	
SUBSCRIBED and SWORN to before me by _____ this ____ day of _____, _____ of _____ <div style="text-align: center;">(county)</div> Notary Public _____ MY COMMISSION EXPIRES: _____ NOTARY: Note that two acceptable forms of identification specified in the instructions are required.	<div style="border: 1px solid black; width: 150px; height: 80px; margin: 0 auto;"></div> <p>(Notarial Seal)</p>

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS ATTACHED